

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$71.00 for date of service 08/24/01.
- b. The request was received on 01/29/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 03/20/02
 - b. HCFA 1500
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated 02/01/02
 - b. HCFA 1500
 - c. TWCC 62 form
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 04/09/02. The respondent did not respond to the additional documentation. Their initial response is reflected in Exhibit II.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated 03/20/02 that, "The Documentation submitted substantiates the care given and the need for further treatment(s) and/or service(s), if applicable it also indicates progress, improvement, the date of the next treatment(s) and/or service(s), complications, and expected release dates."

2. Respondent: The respondent representative states in the correspondence dated 02/01/02 that, "The carrier has denied payment for date of service 8-24-01 as the documentation that was submitted does not support the level of services billed."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 08/24/01.
2. The provider billed \$110.00 for date of service 08/24/02.
3. The carrier did not reimburse the provider for date of service 08/24/01.
4. The amount in dispute is \$71.00.
5. The carrier denied reimbursement by denial code, "N – NOT APPROPRIATELY DOCUMENTED DOCUMENTATION RECEIVED DOES NOT SUPPORT THE SERVICES(S) BEING BILLED." No other EOB(s) or medical audits were noted, therefore, the Medical Review Division's decision is rendered based on the denial code submitted to the provider prior to the date of this dispute being filed.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code	MAR\$	REFERENCE	RATIONALE:
08/24/01	99214	\$110.00	\$0	N	\$71.00	MFG E/M GR (IV) (A) (C); (IV) (B); CPT descriptor	CPT code descriptor states, "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity....Usually, the presenting problem(s) are of moderate to high severity..." Medical documentation indicates the provider met two of the three components of CPT code 99214. Therefore, meeting the level of service to support the billed service. Reimbursement of \$71.00 is recommended.
Totals		\$110.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$71.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$71.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 10th day of June, 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.